



VA HEALTH CARE

UNDERSTANDING YOUR VA BILLING STATEMENT

This sample billing statement explains the various items contained in your monthly billing statement. Please take a moment to review it and keep it handy for future reference.

If you have questions, call the number that appears here on YOUR statement.

This means this individual bill is paid in full. You may still owe a balance on other bills.

This is the date the charge or payment was credited to your account—NOT necessarily the date of your visit or fill date of your prescription.

If paying by CREDIT CARD, write your card number, expiration date, type of card, and SIGN here.

Amount now owed.

Write the amount of your payment here.

This bottom portion of the statement is your payment coupon (detach along the dotted line). Fill in the information asked and mail along with your check (unless paying by a credit card) using the enclosed envelope. Please do not enclose letters, notes, or other material.

PO BOX 15000 FAC ADDRESS 2 FAC ADDRESS 3 FORT HARRISON MT 59636-9999		Department of Veterans Affairs STATEMENT OF MEDICAL CARE COST RECOVERY ACCOUNT ACTIVITY NAME OF FACILITY VA FACILITY NAME FOR QUESTIONS ABOUT YOUR ACCOUNT, PLEASE PHONE THE BELOW NO 1-XXX-XXX-XXXX	
SAMPLE A SAMPLE 999 YOUR STREET ANYTOWN US 99999-9999 For Billing questions call (XXX) XXX-XXXX		For written inquiries concerning your account, please send them to the MCCR or Revenue Office at the facility address above. For information regarding your rights and obligations on charges owed the United States Government, please refer to paragraphs on reverse of this statement. Payments received after <u>01/24/2004</u> will be reflected on your next statement.	
PATIENT NAME: SAMPLE A SAMPLE		ACCOUNT NO. 999999999999SAMP	STATEMENT DATE: 01/24/2004
TRANSACTION POSTED	DESCRIPTION	AMOUNT	BILLING REFERENCE
10/26/2003	PAYMENT (IN FULL) (10/25/2003)	28.00-	436-K2475LA
11/07/2003	PAYMENT (IN FULL) (11/06/2003)	21.00-	436-K247D26
01/08/2004	COPAY RX: 986943A FD: 01/07/2004 DRUG: TRIAMCINOLONE ACETONIDE 0.1% CREAM DAYS: 30 QTY: 80 PHY: GEISEN, ALBERT L CHG: \$7.00	7.00	436-K301J8X
01/08/2004	COPAY RX: 1109133 FD: 01/07/2004 DRUG: FLUTICASONE PROP 50MCG 120D NASAL INHL DAYS: 30 QTY: 3 PHY: GEISEN, ALBERT L CHG: \$7.00	7.00	436-K301J8X
01/08/2004	COPAY RX: 986938B FD: 01/07/2004 DRUG: FOLIC ACID 1MG TAB DAYS: 90 QTY: 90 PHY: GEISEN, ALBERT L CHG: \$21.00	21.00	436-K301J8X
SUMMARY OF MONTHLY ACTIVITY		PREVIOUS BALANCE 49.00	TOTAL CHARGES 35.00
		TOTAL CREDIT PAYMENT 49.00-	CURRENT BALANCE 35.00
PLEASE DETACH THIS COUPON BELOW AND RETURN WITH PAYMENT. DO NOT INCLUDE ANY CORRESPONDENCE WITH PAYMENT.			
*CREDIT CARD NUMBER		*EXP. DATE	ACCOUNT NUMBER 99999999-9999-SAMP
*NAME OF CREDIT CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA		STATEMENT DATE 01/24/2004	
*SIGNATURE		999**999999999999SAMP***8880000000000000000000	
AMOUNT DUE \$ 35.00	DUE DATE DUE UPON RECEIPT	Remit To: DEPARTMENT OF VETERANS AFFAIRS PO BOX 530269 ATLANTA GA 30353-0269	
SAMPLE A SAMPLE 999 YOUR STREET ANYTOWN US 99999-9999		If paying by check or money order, please make payable to the "VA" and send payment to "Remit To:" address above. Please include account number on check or money order. *If paying by Credit Card complete fields marked with an asterisk (*).	
VA FORM JAN 2002 0246		CCPG1	